

<p align="center">Massachusetts Department of Environmental Protection 2003 Recycling Processor Survey Form</p>

Please return form by **FEBRUARY 16, 2004** to:

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SECTION 1: CONTACT INFORMATION

Company Name:		
Contact Name:		
Mailing Address:		
City, State Zip Code:		
Telephone Number:		FAX:
Facility Address:		
Facility City, State, Zip:		
Facility Phone Number:		Facility Fax:
Email:		Website:

SECTION 2: MATERIALS RECYCLED & DISPOSED

Total tonnage received **MINUS** total tonnage disposed **EQUALS** total tonnage recycled.

1. Total tonnage of all material you received in 2003: _____

MINUS (-)

2. Total tonnage sent for disposal in landfill or combustion facility in 2003: _____

EQUALS (=)

3. Total tonnage recycled in 2003 (details below): _____

4. By tonnage, list your top three residual materials sent for disposal: 1) _____,
2) _____, 3) _____

5. What is your current maximum operating capacity? _____

SECTION 3: RECYCLING TONNAGE

****PLEASE EXCLUDE TONNAGE YOU RECEIVED FROM OTHER PROCESSING FACILITIES.***

Material Type	Recycled Tons	Material Type	Recycled Tons
Asphalt Paving, Brick and Concrete		Paper – Except cardboard	
Asphalt Roofing Shingles		Paper - Cardboard	
Ceiling Tiles		Plastic	
Commingled Materials		Textiles - Carpet	
Electronics		Textiles - Other	
Glass		Tires – Non-fuel uses	
Gypsum Board		Tires - Fuel	
Metals – C&D		Wood – Non fuel uses	
Metals – Non-C&D		Wood - Fuel	
Organics - Yard Waste		Wood Waste (trees, brush, stumps, etc.)	
Organics - Food Waste		Other _____	

SECTION 4: SIGNATURE

Survey Completed by:

Signature

Name

Date

Title